



COVID-19 Guidance for Colleges/Universities

As colleges and universities prepare to re-open or keep open in-person learning, it remains critical to the state's public health that we all individually and collectively continue to follow guidelines that will minimize the spread of COVID-19.

The following link is to the [Centers for Disease Control and Prevention \(CDC\)'s home page for Colleges, Universities, and Higher Learning](#).

The South Carolina Department of Health and Environmental Control (DHEC) website for [Colleges & Universities](#) also provides additional resources.

Testing

1. The CDC has provided [Interim Guidance for SARS-CoV-2 Testing and Screening at Institutions of Higher Education](#) for college and university administrators when planning for SARS-CoV-2 screening and diagnostic testing and recommends considering the level of community transmission when determining if expanded serial testing is necessary for non-fully vaccinated students, staff, and faculty. The American College Health Association has also [provided guidance for colleges and universities](#) to consider when implementing testing programs on campus.
2. As more faculty and students on college and university campuses are vaccinated, SARS-CoV-2 testing priorities may shift to focus on non-fully vaccinated faculty, staff, and students. For guidance on quarantine and testing of fully vaccinated people, please visit [Interim Public Health Recommendations for Fully Vaccinated People](#).
 - a. Fully vaccinated individuals with no symptoms of COVID-19 following an exposure to someone with suspected or confirmed COVID-19 do not need to be tested, quarantined, or be restricted from classroom activity or work.
 - b. Fully vaccinated individuals with no symptoms of COVID-19 should be exempted from routine screening testing programs, if feasible.
 - c. Any fully vaccinated individual who experiences [symptoms consistent with COVID-19](#) should [isolate from others](#), be tested for SARS-CoV-2, and be clinically evaluated for COVID-19.
3. Colleges and universities may test students, faculty, or staff for purposes of surveillance, diagnosis, screening, or in the context of an outbreak. Individuals should be offered testing if they:
 - a. Show [signs or symptoms](#) consistent with COVID-19
 - b. Have a [recent known or suspected exposure](#) to a person with laboratory-confirmed COVID-19 and are non-fully vaccinated.
 - c. Have been asked or referred to get testing by their healthcare provider or health department
4. [Viral tests](#) (both PCR tests and antigen tests) are authorized to diagnose current infection with SARS-CoV-2 in both symptomatic and asymptomatic individuals.
 - a. Several antigen tests have received Emergency Use Authorizations from the FDA for diagnostic testing for use on symptomatic persons when viral load is typically high and for asymptomatic individuals suspected of COVID-19 infection. Rapid antigen tests are typically performed at or near the point of care and return results in approximately 15 minutes. Caution must be exercised as antigen tests are less sensitive than PCR and may

yield a false negative. Consider using this [CDC Antigen Test Algorithm](#) to determine need for follow up PCR testing

5. [Antibody tests](#) have been authorized by the FDA to detect past infection with SARS-CoV-2 and the CDC does not currently recommend using antibody testing to diagnose current infection.
6. Data currently suggests that some individuals test persistently positive due to residual virus material but are unlikely to be infectious. Thus, as long as they remain asymptomatic, it is not recommended to retest previously positive individuals within 3 months of a positive test.

College and University Holiday Break Considerations – Exit and Re-Entry Testing

1. DHEC encourages all non-fully vaccinated college and university students, faculty, and staff, regardless of symptoms or exposure to a close-contact with confirmed COVID-19, to get tested and know their results before going home for holiday breaks and also prior to returning back to campus.
2. Asymptomatic individuals can unknowingly carry the virus and pass it along to friends and family who could experience severe illness, hospitalization, or worse.
 - a. Individuals are encouraged to minimize contact with others as much as possible at their college or university residence while awaiting test results prior to traveling away for holiday break. Similarly, prior to returning to campus after a holiday break, individuals should minimize contact with others as much as possible at their home while awaiting test results.
 - b. If test results are positive, the individual tested must complete [isolation requirements](#) and any non-fully vaccinated close contacts identified beginning 48 hours prior to symptom onset, or prior to collection of test specimen if asymptomatic, should be [recommended to quarantine](#).

Screening

1. Symptom screenings and health checks **do not** identify asymptomatic individuals (individuals who are infected but without symptoms), individuals who are infected but have not yet developed symptoms, or individuals with mild or non-specific symptoms who may not realize they are infected. Due to these limitations, screening and health checks are not a replacement for other protective measures, such as social distancing, hand hygiene, use of masks, and testing when symptomatic or close contact exposure with an infected individual.
2. If a college or university opts to use health checks, the checks should be done safely, respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and IHE administrators may use examples of screening methods found in CDC's [General Business FAQs](#).

Promoting Behaviors & Prevention Strategies that Reduce the Spread of COVID-19

1. Face Masks
 - a. The CDC recommends and reinforces the use of [face masks](#) among non-fully vaccinated students, faculty, and staff both on and off campus. Masks should be worn in addition to physical distancing, especially [when indoors in a public setting](#). Masks should be worn by non-fully vaccinated individuals:
 - When in a public setting indoors or in a crowded outdoor setting, especially when interacting with individuals from different households

- While [traveling](#) on a plane, bus, train, or other form of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations
 - Inside the household when living with someone who is sick with [symptoms of COVID-19](#) or has tested positive for COVID-19
 - b. Fully vaccinated individuals can resume activities without wearing a mask, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.
 - Fully vaccinated individuals are required to wear a mask on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States, and in the U.S. [transportation hubs such as airports and stations](#)
2. Social Distancing Practices
- a. Considerations for social distancing for fully vaccinated faculty and staff can be found at CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#).
 - b. To the extent possible, maintain at least 6 feet of distance between each person.
 - If desks are used, increase the space between them. Rearrange them to maximize the space between students. Make desks face in the same direction (rather than facing each other).
 - c. If possible, reduce the number of students in a dorm room or apartment.
 - d. Educate students on limiting close contacts. Limiting interactions to as few people as possible such as roommates will reduce the potential for COVID-19 exposure and spread, but if students want to widen their social circle, the key is consistency. Students may consider forming a “quarantine pod,” in which two or three rooms (about 5-10 people total) agree on safety precautions and socialize only with one another. Expanded socializing can be done with careful social distancing precautions in place. Outside venues decrease the risk of COVID-19 transmission compared to inside.
 - e. Avoid assemblies or other large congregate events. Limit large in-person classes or lectures to the extent possible. Strongly consider online offerings for these courses.
 - f. Students and staff are encouraged to wear masks or cloth face coverings, especially when in settings in which social distancing is not feasible. Cloth face coverings should be optional for staff with underlying respiratory illness, but if not worn, social distancing must be performed.
 - Students and faculty may not be required to quarantine after a positive case in a classroom if proper social distancing and face mask recommendations were followed.
 - g. Continue to encourage telework when feasible with business operations. Consider alternate work.
 - h. Encourage students, faculty, and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).

Approach to an Ill individual/Positive Case

1. Students and staff who have symptoms should stay isolated until symptoms resolve and/or test results are back. To prevent further spread, avoid sending [COVID-19 cases who reside in campus housing](#) to their permanent homes off-campus.

- a. People should be considered sick if they have [symptoms](#) of acute respiratory illness like shortness of breath, coughing and/or fever of 100.4 °F or greater. Other symptoms may include fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
 - b. A negative COVID-19 test result is **not** required for students or staff to return to campus activities after their course of illness.
 - i. Instead, DHEC recommends that students and staff not return to normal activities until 10 days have passed since their symptoms began **AND** they are free of fever (100.4° F [38° C] or greater using an oral thermometer) for 24 hours without the use of fever- reducing medicines **AND** their other symptoms have improved.
 - ii. Some individuals who do not have a healthy immune system or are very sick may be recommended by their doctor to separate from others for longer than ten (10) days.
2. Non-fully vaccinated close contacts of confirmed cases should quarantine for fourteen (14) days (most conservative approach) after their last exposure. There are options to shorten quarantine to 7 or 10 days. If the exposed individual has a negative viral test (Antigen or PCR) collected after completing day five (5) of quarantine and if no symptoms are reported during daily symptom monitoring, the individual can end quarantine on Day 7. If the individual chooses to not to test, s/he can end quarantine on Day 10.
- a. These conditions must also be met to end quarantine on Day 7 or Day 10:
 - i. No [symptoms](#) of COVID-19 occurred during quarantine
AND
 - ii. Person must continue to monitor for symptoms until Day 14 after their last contact with infectious individual diagnosed with COVID-19
AND
 - iii. Continue to closely follow [all recommendations to prevent spread of the virus](#) (correct and regular use of face coverings, social distancing, hand washing, etc.) through Day 14 of quarantine. Anyone who develops symptoms must immediately separate themselves from others, call their medical provider, and get tested for COVID-19.
 - b. If an infected individual cannot isolate appropriately (separate bedroom and bathroom) and continues to share living space with a roommate(s), the roommate(s) should quarantine for 14 days after the ten (10) day isolation period ends for the infected individual or apply the 7-day or 10-day criteria to [shorten the quarantine period](#) based on their date of last contact with the infectious individual.
 - c. Testing is recommended for all non-fully vaccinated close contacts of persons diagnosed with COVID-19. Individuals can choose to get tested immediately after known exposure and may be tested again after completion of day five (5) of quarantine. If an individual in quarantine develops symptoms at any time, it is highly recommended they get tested immediately.
 - d. Expanded testing of close contacts may be indicated and might include testing of all people who were in proximity of an individual confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms), or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall). Testing in these situations can be helpful because in high density settings it can be particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19.

- e. Encourage professors to have options in place for students who are in isolation or quarantine to be able to keep up with their courses, such as live-streamed or recorded lectures.
- 3. Colleges and universities may consider establishing living quarters where they can separately cohort positive cases and sick cases whose test results are pending. Close contacts should remain in quarantine either in their dorm room or in a cohort setting, depending on local resources.
- 4. As colleges and university administrators develop COVID-19 related processes, keep in mind the population of people who are at greater risk of contracting this virus and to having more difficulty in fighting it (those with preexisting conditions like diabetes, heart or lung diseases, as well as the elderly).

Cleaning and Disinfection

- 1. Cleaning high touch surfaces and shared objects that are frequently touched (e.g., doorknobs, light switches, classroom/lab sink handles, countertops) [once a day is usually enough](#) to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in the facility.
 - a. Clean with soap and water or a cleaner typically used. Use all cleaning products according to the directions on the label.
 - b. Consider either cleaning more frequently or choosing to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from frequently touched surfaces. If there has been a sick person or someone who tested positive for COVID-19 in the facility within the last 24 hours, cleaning AND disinfecting the space is recommended.
 - c. Disinfecting (using disinfectants on [U.S. Environmental Protection Agency \(EPA\)'s List](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection
- 2. For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - a. Consider use of wipeable covers for electronics.
 - i. Follow the manufacturer's instructions for all cleaning and disinfection products.
 - ii. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- 3. The CDC provides additional information on [Cleaning and Disinfecting a Facility](#), including guidance on use of appropriate personal protective equipment while cleaning and disinfecting.

Ventilation

- 1. Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in campus buildings. Consult experienced heating, ventilation, and air conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. For more information, please refer to the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#).

2. Review additional [ASHRAE guidelines for schools and universities](#) for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.

Please reach out to regional DHEC staff (contact info below) if you have questions regarding individual cases of disease (infections, investigations, testing, etc.).

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